

CITY OF WOODSTOCK
 DEVELOPMENT SERVICES DEPARTMENT
 12453 Hwy 92, Woodstock, GA 30188
 Development Services 770-592-6054 Fax 770-926-7820
 businesslicense@woodstockga.gov

OCCUPATIONAL TAX LICENSE APPLICATION

☐ NEW ☐ REVISION (Change of location) ☐ CHANGE OF OWNERSHIP

☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ LLC

☐ Standard Occupation ☐ Insurance Agency/Company ☐ Professional

☐ Massage Business (Requires individual therapist licenses for each therapist)

☐ Taxi Business (Requires individual driver's permits and vehicle for hire application)

DATE OPENED IN CITY: _____

BUSINESS NAME: _____

DBA IF APPLICABLE: _____
 (If using DBA must provide Trade Name Certificate)

BUSINESS OWNER: _____

PROPERTY OWNER: _____

BUSINESS STREET ADDRESS: _____

CITY/STATE: WOODSTOCK, GA ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

LOCAL WOODSTOCK BUSINESS PHONE #: _____ FAX #: _____

ALTERNATE PHONE #: _____

E-MAIL: _____ WEB SITE ADDRESS: _____

FEDERAL EMPLOYER ID #: _____ GA SALES & USE #: _____

DETAILED DESCRIPTION OF BUSINESS: _____

EMERGENCY CONTACT (other than the applicant): _____ PHONE #: _____

For corporations or LLC, complete the following:

NAME OF CORPORATION: _____

PLACE & DATE OF INCORPORATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

REGISTERED AGENT/OFFICER: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX NUMBER: _____

Code Compliance of Business:

Total square footage of the space owned or leased to conduct business: _____

Number of restrooms in building: Men's _____ Women's _____ Unisex _____

Are the restrooms ADA compliant? _____

****** Existing Building Change of Occupancy requires a new Certificate of Occupancy ******

As stated in Section 18-64, if any occupancy classification or zoning of any existing building or structure is changed, the building, plumbing, electrical, gas, and mechanical systems shall be made to conform to the intent of the construction codes as required by the Building Official.

A certificate of occupancy for any building may be obtained by applying to the building department and supplying the information and data necessary to determine compliance with the construction codes for the occupancy intended. Where necessary in the opinion of the Building Official, two sets of detailed drawings, a general inspection, or both may be required. When upon examination and inspection it is found that the building conforms to the provisions of the construction codes and other applicable laws and ordinances for such occupancy, a certificate of occupancy shall be issued.

Please contact the City of Woodstock's Building Department at **770-592-6036 option 0** if you have any questions or concerns about applying for a building permit and obtaining a certificate of occupancy (CO).



State of Georgia
Department of Revenue
 1800 Century Boulevard
 Atlanta, GA 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different from Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

If Your Business Is Required to Have One by Law:

Sales Tax ID# _____

Sales Tax Number: _____

Applicable North American Industry Classification System Code Number: Please list All NAICS

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The Failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 AND 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404)417-6581 or e-mail Derek.Todd@dor.ga.gov

Affidavit Verifying Status for a City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Woodstock, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for the City of Woodstock, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ **I am a United States citizen**

OR

2) _____ **I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.***

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A §16-10-20.

Signature of Applicant: Date:

Print Name:

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS**

_____ DAY OF _____, 20____

Notary Public

My Commission Expires:

* _____
Alien Registration number for non-citizens

*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C, as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Company Name _____

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **100 or more employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 201__ in Woodstock, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Company Name

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **99 or fewer** employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 20____ in Woodstock, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Company Name

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires:

CALCULATION OF FEES

Administrative Fee / 1 Employee Minimum \$60.00 \$ _____
(OWNER COUNTS AS ONE)

Additional No. of Full-Time Equivalents* _____ x \$30.00 \$ _____

*This number is based on a full-time position equivalent basis, meaning that the average weekly hours of employees who work less than 40 hours weekly are added together and divided by 40 to produce full-time position equivalents.

Example: if a business has 10 employees, all of whom work 36 hours per week, the total number of hours would be 360. The total number of hour worked, 360, divided by 40, equals the equivalent of 9 full time jobs.

*** **OR** ***

Number of Professionals _____ x \$300.00 \$ _____
 (i.e. Attorney, Chiropractic, Podiatry, Dentistry,
 Engineering, Land Surveyor) City of Woodstock Ordinance Sec. 86-81

*** **OR** ***

Insurance Agencies/Company _____ x \$75.00 \$ _____

*** **OTHER FEES** ***

New business opening after July 1 of current year deduct 50% **after Minimum:** \$ _____

Regulatory Fee (see Fee Schedule) \$ _____

Penalties of 10% (if applicable) \$ _____

Revision Fee (Change of location) \$30.00 \$ _____

TOTAL AMOUNT DUE: \$ _____

I hereby certify that the above stated information as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Woodstock Occupation Tax Ordinance as now or hereafter amended.

Signature of Applicant

Print Name

Title

Date

OFFICE USE ONLY:
☐ NEW ☐ REVISION DATE RECEIVED: _____

BUSINESS NO: _____ LICENSE NO: _____

☐ Call When Ready ☐ Mail When Ready

Business Name: _____

Business Address: _____

Map/Parcel No: _____ **NAICS CODE:** _____

AMOUNT PAID _____

☐ MONEY ORDER # _____ ☐ CHECK # _____ ☐ CC Auth # _____

ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE OCCUPATIONAL TAX CLERK.

_____	<input type="checkbox"/> Complete	_____	_____	_____
Occupation Tax Clerk		Comments		Date
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	_____	_____
Zoning Administration		Property Zoned	Comments	Date
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	_____	_____
Code Enforcement Officer		Square Footage	Comments	Date
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	_____	_____
Fire Marshal's Office		Comments		Date
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	_____	_____
Building Official		Comments		Date

NOTES: _____
